PART B - FEE(S) TRANSMITTAL

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Roger Field Bingertstr. 43 65191 Wiesbder Wiesbden,		JUL 25 2008		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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								_	(Date)	
01 FC:2501 DE FC:1504 APPLICATION NO.		720.00 OP 300.00 OP FILING DATE								
				FIRST NAMED INVEN	TOR	·	ATTOF	RNEY DOCKET NO.	CONFI	RMATION NO.
09/981,816	10/19/2001		Roger Constantine Field						7564	
TITLE OF INVENTION: FILM TRANSPORT										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE	DUE	PREV. PAID ISSUE	IE FEE TOTAL FEE(S) DUE			DATE DUE
nonprovisional	YES	\$72	0	\$300		\$0	\$0			10/03/2008
EXAMINER			ART UNIT CLASS-SUBCI							
LANGDON	365	4	226-128000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O PLEASE NOTE: Unless an assignee is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is 19 (A) NAME OF ASSIGNEE				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
ta. The following fee(s):	lo small entity discount p		<u>·</u>	D. Payment of Fee(s): A check is enclosed Payment by credit The Director is here.	(Pleased.	se first reapply an	is attac	ched. equired fee(s), any de	shown al	bove)
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Authorized Signature Typed or printed name	Mapu C	FIEL		Office.		Date	/2	2/3/8		
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